FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 27 PM 3:15

DOCUMENT # 703423 (4)

1. Corporation Name
THE CHILDREN'S HOME, INCORPORATED

Principal Place of Business	Mailing Address
10909 MEMORIAL HWY TAMPA FL 33615	10909 MEMORIAL HWY TAMPA FL 33615

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/09/1962
3a. Date of Last Report: 02/23/1994
4. FEI Number: 59-0696284 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

PARSONS, JON R.
10909 MEMORIAL HIGHWAY
TAMPA FL 33615

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	MURMAN, SANDRA	12 NAME		
STREET ADDRESS	21 BAHAMA CIRCLE	13 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE	1st Vice President	☒ Change ☐ Addition
NAME	GAUNTT, SELLERS G.	22 NAME		
STREET ADDRESS	927 S. HIMES	23 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP		
TITLE	TD	31 TITLE		☐ Change ☐ Addition
NAME	BOHANNAN, ROBERT E.	32 NAME		
STREET ADDRESS	4501 BROOKWOOD DR.	33 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP		
TITLE	ATD	41 TITLE	2nd Vice President	☒ Change ☐ Addition
NAME	HARROD, GARY W	42 NAME		
STREET ADDRESS	1715 BAYSHORE BLVD.	43 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	44 CITY-ST-ZIP		
TITLE	SD	51 TITLE		☐ Change ☐ Addition
NAME	TORGUSEN, ANN	52 NAME		
STREET ADDRESS	610 SANTA MARIA DR.	53 STREET ADDRESS		
CITY-ST-ZIP	TIERRA VERDE FL	54 CITY-ST-ZIP		
TITLE		61 TITLE	Assistant Treasurer	☐ Change ☒ Addition
NAME		62 NAME	Wandler, Lee	
STREET ADDRESS		63 STREET ADDRESS	730 Sand Pine Dr. N.E.	
CITY-ST-ZIP		64 CITY-ST-ZIP	St. Petersburg, Fl. 33703	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sandra Murman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Sandra Murman, Pres. Board/Dir. 2/14/95 (813) 253-2522
Title Date Daytime Phone #

004372